

Part B Insider (Multispecialty) Coding Alert

Reader Question: Know the 'Change' Code for G-Tube Procedure

Question: A patient presented with a partially dislocated gastrostomy tube with pain at the site. The surgeon enlarged the skin opening and attempted unsuccessfully to remove the gastrostomy tube. After further enlarging the opening, the op note states that the surgeon "could feel the flange with the clamp and grasp it and fold it up into the wound, allowing the remainder of the flange to collapse and the tube to be removed." The surgeon then placed a new tube at the site. How should we code the procedure?

Answer: The correct code for this service is 43760 (Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance).

Despite initial difficulty, the op note indicates that the dislocated tube was successfully removed using traction to pull the tube out. Because the dislodged tube is removed and a new tube placed through the established tract without fluoroscopic guidance or endoscopy, 43760 is the most accurate code for the service.

With adequate documentation, you may be able to report this service with modifier 22 (Increased procedural services).

Options: If the surgeon had used a fluoroscopic aid to guide the G-tube change, instead of 43760, you would select 49450 (Replacement of gastrostomy or cecostomy [or other colonic] tube, percutaneous, under fluoroscopic guidance including contrast injection[s], image documentation and report). If your surgeon performed a reinsertion or replacement of a gastrostomy tube using endoscopic guidance, there is not a distinct CPT® code for the service. In such a case, you would have to report the same CPT® code that you would use for the initial gastrostomy tube placement: 43246 (Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube).